William Blake Kolb

55752US019

PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE
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Attorney Docket No.

First Inventor

## UTILITY PATENT APPLICATION **TRANSMITTAL**

DRY CONVERTING... Title

(Only for new nonprovisional applications under 37 CFR 1.53(b))

ER 523730284 US Express Mail Label No.

| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mail Stop Patent Application & Commissioner for Patents & CV P.O. Box 1450 & CV Alexandria VA 22313-1450                                                                                                                                                                                |
| 1.  Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  Applicant claims small entity status. See 37 CFR 1.27.  3.  Specification [Total Pages 30] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ol> <li>CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</li> <li>Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)         <ol> <li>Computer Readable Form (CRF)</li> <li>Specification Sequence Listing on:</li></ol></li></ol> |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.                                                                                                                                                                                                                                                                                     |
| b. Copy from a prior application (37 CFR 1.63(d))  (for continuation/divisional with Box 18 completed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                                                                                                                                                                      |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  Other:                                                                               |
| 18. If a CONTINUING APPLICATION, check appropriate box, and suppressions of the street |                                                                                                                                                                                                                                                                                         |
| Continuation  Divisional  Continuation:  Examiner Kenneth Rinehart  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the 5b, is considered a part of the disclosure of the accompanying continuation The incorporation can only be relied upon when a portion has been inadvert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or divisional application and is hereby incorporated by reference.                                                                                                                                                                                                                      |
| 19. CORRESPONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                         |
| Customer Number: 32692                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OR Correspondence address below                                                                                                                                                                                                                                                         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State Zip Code                                                                                                                                                                                                                                                                          |
| Country Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lephone Fax                                                                                                                                                                                                                                                                             |
| Name (Print/Type) David R. Cleveland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Registration No. (Attorney/Agent) 29,524                                                                                                                                                                                                                                                |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date   March 26, 2004                                                                                                                                                                                                                                                                   |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| FEE TRANSMITTAL  for FY 2004  Effective 10/01/2003. Patent fees are subject to annual revision.  Applicant claims small entity status. See 37 CFR 1.27 |              | C                    | Complete if Known  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|--------------------|--|--|
|                                                                                                                                                        |              | Application Number   | uknown             |  |  |
|                                                                                                                                                        |              | Filing Date          | Even Date Herewith |  |  |
|                                                                                                                                                        |              | First Named Inventor | William Blake Kolb |  |  |
|                                                                                                                                                        |              | Examiner Name        | unknown            |  |  |
|                                                                                                                                                        |              | Art Unit             | unknown            |  |  |
| TOTAL AMOUNT OF PAYMENT                                                                                                                                | (\$) 1414.00 | Attorney Docket No.  | 55752US019         |  |  |

| Autorite's Booket No.                                                     |                                                                                    |  |  |  |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|
| METHOD OF PAYMENT (check all that apply)                                  | FEE CALCULATION (continued)                                                        |  |  |  |
| Check Credit card Money Other None                                        | 3. ADDITIONAL FEES                                                                 |  |  |  |
| Order Constitution                                                        | Large Entity   Small Entity                                                        |  |  |  |
| Deposit Account:                                                          | Fee Fee Fee Fee Fee Description                                                    |  |  |  |
| Deposit<br>Account 13-3723                                                | Code (\$) Code (\$)                                                                |  |  |  |
| Number Deposit OAAA C D C                                                 | 1051 130 2051 65 Surcharge - late filing fee or oath                               |  |  |  |
| Account   3M Innovative Properties Co.                                    | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet             |  |  |  |
| Name The Director is authorized to: (check all that apply)                | 1053 130 1053 130 Non-English specification                                        |  |  |  |
| ✓ Charge fee(s) indicated below ✓ Credit any overpayments                 | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination              |  |  |  |
| Charge any additional fee(s) or any underpayment of fee(s)                | 1804 920* 1804 920* Requesting publication of SIR prior to  Examiner action        |  |  |  |
| Charge fee(s) indicated below, except for the filing fee                  | 1805 1,840* 1805 1,840* Requesting publication of SIR after                        |  |  |  |
| to the above-identified deposit account.                                  | Examiner action                                                                    |  |  |  |
| FEE CALCULATION                                                           | 1251 110 2251 55 Extension for reply within first month                            |  |  |  |
| 1. BASIC FILING FEE                                                       | 1252 420 2252 210 Extension for reply within second month                          |  |  |  |
| Large Entity Small Entity                                                 | 1253 950 2253 475 Extension for reply within third month                           |  |  |  |
| Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)                              | 1254 1,480 2254 740 Extension for reply within fourth month                        |  |  |  |
| 4004 770 0004 205 UNIDA 615-0 fee                                         | 1255 2,010 2255 1,005 Extension for reply within fifth month                       |  |  |  |
| 1001 770 2001 385 Outling file 770                                        | 1401 330 2401 165 Notice of Appeal                                                 |  |  |  |
| 1003 530 2003 265 Plant filing fee                                        | 1402 330 2402 165 Filing a brief in support of an appeal                           |  |  |  |
| 1004 770 2004 385 Reissue filing fee                                      | 1403 290 2403 145 Request for oral hearing                                         |  |  |  |
| 1005 160 2005 80 Provisional filing fee                                   | 1451 1,510 1451 1,510 Petition to institute a public use proceeding                |  |  |  |
| SUBTOTAL (1) (\$) 770                                                     | 1452 110 2452 55 Petition to revive - unavoidable                                  |  |  |  |
|                                                                           | 1453 1,330 2453 665 Petition to revive - unintentional                             |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                               | 1501 1,330 2501 665 Utility issue fee (or reissue)                                 |  |  |  |
| Extra Claims below Fee Paid                                               | 1502 480 2502 240 Design issue fee                                                 |  |  |  |
| Total Claims 51 -20** = 31 X 18 = 558                                     | 1503 640 2503 320 Plant issue fee                                                  |  |  |  |
| Independent Claims 4 - 3** = 1 X 86 = 86                                  | 1460 130 1460 130 Petitions to the Commissioner                                    |  |  |  |
| Multiple Dependent                                                        | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)                                |  |  |  |
| Large Entity   Small Entity                                               | 1806 180 1806 180 Submission of Information Disclosure Stmt                        |  |  |  |
| Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)                | 8021 40 Recording each patent assignment per property (times number of properties) |  |  |  |
| 1202 18 2202 9 Claims in excess of 20                                     | 1809 770 2809 385 Filing a submission after final rejection                        |  |  |  |
| 1201 86 2201 43 Independent claims in excess of 3                         | (37 ČFR 1.129(a))                                                                  |  |  |  |
| 1203 290 2203 145 Multiple dependent claim, if not paid                   | 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))   |  |  |  |
| 1204 86 2204 43 ** Reissue independent claims over original patent        | 1801 770 2801 385 Request for Continued Examination (RCE)                          |  |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application        |  |  |  |
|                                                                           | Other fee (specify)                                                                |  |  |  |
| SUBTOTAL (2) (\$) 644.00                                                  | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)                                |  |  |  |
| **or number previously paid, if greater; For Reissues, see above          |                                                                                    |  |  |  |

| SUBMITTED BY      |                    |                                   |        | (Complete | (if applicable)) |
|-------------------|--------------------|-----------------------------------|--------|-----------|------------------|
| Name (Print/Type) | David R. Cleveland | Registration No. (Attorney/Agent) | 29,524 | Telephone | 612-331-7412     |
| Signature         | ARCUL              |                                   |        | Date      | March 26, 2004   |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

■ IPLM Group, P.A.

P.O. Box 18455 Minneapolis, MN 55418

612-331-7401 facsimile

612-331-7400 telephone

| Attorney Docket No. | Serial No. |
|---------------------|------------|
|                     |            |
| 55752US019          | unknown    |

**PATENT** 

## EXPRESS MAIL TRANSMITTAL LETTER

MS: Patent Application Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

| In re Application of: | William B. Kolb                      |           |         |  |
|-----------------------|--------------------------------------|-----------|---------|--|
| Serial No.:           | unknown                              | Examiner: | unknown |  |
| Confirmation No.:     | unknown                              | Art Unit: | unknown |  |
| Filed:                | Even Date Herewith                   |           |         |  |
| For:                  | DRY CONVERTING PROCESS AND APPARATUS |           |         |  |

We are transmitting the following documents:

Return Postcard

Express Mail Transmittal Letter [1 page]

Fee Transmittal for FY 2004 [1 page]

Utility Patent Application Transmittal [1 page]

Patent Application (22 pages specification, 51 claims and 1 page Abstract) [30 pages]

Drawings (Figures 1-17) [11 sheets]

Patent Application Data Sheet [3 pages]

Please charge Deposit Account 13-3723 for any fees under 37 CFR §1.16 and §1.17 that may be required during the pendency of this application. This authorization includes the fee for any extension of time under 37 CFR §1.136(a) that may be necessary. To the extent any such extension should become necessary it is hereby requested.

| • •                                                                                                                                                                                                                                                                                                        |                             | Respectfully submitted, |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------|--|--|
| Registration No.                                                                                                                                                                                                                                                                                           | Direct Dial                 | IP OO O                 |  |  |
| 29,524                                                                                                                                                                                                                                                                                                     | 612-331-7412                | AMULT                   |  |  |
| Date: March 26, 2004                                                                                                                                                                                                                                                                                       |                             | David R. Cleveland      |  |  |
|                                                                                                                                                                                                                                                                                                            |                             |                         |  |  |
|                                                                                                                                                                                                                                                                                                            | Certificate of Express Mail |                         |  |  |
| Pursuant to 37 CFR 1.10, I certify that this correspondence is being deposited on the date indicated below with the United States Postal Service "Express Mail Post Office to Addressee" service addressed to: MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                             |                         |  |  |
| Express Mail No.:                                                                                                                                                                                                                                                                                          |                             | N Y                     |  |  |
| ER 523730284 US                                                                                                                                                                                                                                                                                            |                             | dyment the              |  |  |
| Date of Mailing:                                                                                                                                                                                                                                                                                           |                             | Lynelle K. Grube        |  |  |
| March 26, 2004                                                                                                                                                                                                                                                                                             |                             |                         |  |  |